

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		2					52				
3							53				
4							54				
5							55				
6							56				
7	1						57				
8		1					58				
9							59				
10							60				
11							61				
12	1						62				
13							63				
14							64				
15	1						65				
16							66				
17							67				
18							68				
19							69				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	14						TOTAL DEP.				
TOTAL CLAIMS	18						TOTAL CLAIMS				